

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Western District Of North Carolina

Case number (if known):

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Deborah

First name

Lynn

Middle name

Bass

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Kenny

First name

Ray

Middle name

Bass

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Deborah

First name

Lynn

Middle name

Nixon

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 6 6 4 3

OR

9 xx - xx - _____

xxx - xx - 8 0 5 4

OR

9 xx - xx - _____

Debtor 1

Deborah Lynn Bass

First Name Middle Name

Last Name

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

135 Kendall Road

Number Street

Troutman

City

NC

State

28166

ZIP Code

IREDELL

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1

Deborah Lynn Bass

First Name Middle Name

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

Yes. District Western District of NC When 11/05/2008 Case number 08-51248
MM / DD / YYYY

District Western District of NC When 10/26/2011 Case number 11-51325
MM / DD / YYYY

District Western District of NC When 03/21/2014 Case number 14-50168
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No

Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Deborah Lynn Bass

First Name Middle Name

Last Name

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Deborah Lynn Bass

First Name Middle Name

Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Deborah Lynn Bass

First Name Middle Name

Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No
 Yes

18. How many creditors do you estimate that you owe?

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. How much do you estimate your liabilities to be?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

Signature of Debtor 1

X

Signature of Debtor 2

Executed on

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1

Deborah Lynn Bass

First Name Middle Name

Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Robert H. Gourley Jr.

Printed name

The Law Offices of Robert H Gourley Jr, P.A.

Firm name

249 E. Broad St.

Number Street

Statesville

City

NC

State

28677

ZIP Code

Contact phone (704) 872-5051

Email address bgourleyjr@ggglaw.com

19034

Bar number

NC

State

Fill in this information to identify your case and this filing:

Debtor 1	Deborah	Lynn	Bass
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Kenny	Ray	Bass
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western District of North Carolina</u>			
Case number: _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1. Street address, if available, or other description

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other See Attachment 1

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ 0.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. Street address, if available, or other description

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

First Name

Middle Name

Last Name

1.3. Street address, if available, or other description

_____**What is the property?** Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?**

\$ _____

\$ _____

Current value of the portion you own?

City _____ State _____ ZIP Code _____

County _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ 0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1. Make: Mini
 Model: Cooper S
 Year: 2004
 Approximate mileage: 70500+

Other information:

4 cyl, 2 dr, 6 speed vehicle. KBB value
See Attachment 2

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?**

\$ 4,044.00

\$ 4,044.00

Current value of the portion you own?

If you own or have more than one, describe here:

3.2. Make: See
 Model: See
 Year: 2004
 Approximate mileage: 84500

Other information:

V8, 2WD, SLT, 2 dr truck. KBB listed.
See Attachment 3

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?**

\$ 4,659.00

\$ 4,974.00

Current value of the portion you own?

3.3. Make: Dodge
 Model: pickup
 Year: 1978
 Approximate mileage: 300,000+

Other information:

Does not run. Value listed is debtor estimate.

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$100.00

\$100.00

3.4. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____

\$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

4.1. Make: _____
 Model: _____
 Year: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____

\$ _____

If you own or have more than one, list here:

4.2. Make: _____
 Model: _____
 Year: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____

\$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ➔

\$ 9,118.00

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe..... Kitchen furn (25)
See Attachment 4

\$ 365.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe..... TV (25) VCR (25) DVD Player (25) Stereo (25) Computer (50) Printer (25)

\$ 175.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe..... CDs (5)
DVDs (20)

\$ 25.00

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe..... 2 Handguns

\$ 100.00

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe..... Shotgun

\$ 100.00

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe..... Clothing

\$ 100.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe..... Wedding set (200)

\$ 200.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses No Yes. Describe..... 3 Dogs- no value

\$ 0.00

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information..... \$ _____**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** → \$ 1,065.00

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....

Cash: \$ 60.00

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1. Checking account:	Woodforest National Bank ending -7502. Joint	\$ 125.00
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.

Name of entity:

% of ownership:

_____	%	\$ _____
_____	%	\$ _____
_____	%	\$ _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.

Issuer name:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.. Type of account: Institution name:

401(k) or similar plan:	_____ \$ _____
Pension plan:	_____ \$ _____
IRA:	_____ \$ _____
Retirement account:	_____ \$ _____
Keogh:	_____ \$ _____
Additional account:	_____ \$ _____
Additional account:	_____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

Electric:	_____ \$ _____
Gas:	_____ \$ _____
Heating oil:	_____ \$ _____
Security deposit on rental unit:	_____ \$ _____
Prepaid rent:	_____ \$ _____
Telephone:	_____ \$ _____
Water:	_____ \$ _____
Rented furniture:	_____ \$ _____
Other:	_____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them... _____ \$ _____**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them... _____ \$ _____**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them... _____ \$ _____**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____
 State: \$ _____
 Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.

Alimony: \$ _____
 Maintenance: \$ _____
 Support: \$ _____
 Divorce settlement: \$ _____
 Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information. Social Security Disability payments expected by Female Debtor as of 3/23/2016 \$ 1.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe.....

	\$ _____
--	----------

41. Inventory

 No Yes. Describe.....

	\$ _____
--	----------

42. Interests in partnerships or joint ventures

 No Yes. Describe..... Name of entity:

% of ownership:

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$ _____
--	----------

44. Any business-related property you did not already list

 No Yes. Give specific information

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$ 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

	\$ _____
--	----------

48. Crops—either growing or harvested

 No Yes. Give specific information.....

\$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes.....

\$

50. Farm and fishing supplies, chemicals, and feed

 No Yes.....

\$

51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

→ \$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

See Attachment 5

\$1,000.00

\$

\$

54. Add the dollar value of all of your entries from Part 7. Write that number here

→ \$1,000.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$0.00

56. Part 2: Total vehicles, line 5 \$9,118.00

57. Part 3: Total personal and household items, line 15 \$1,065.00

58. Part 4: Total financial assets, line 36 \$186.00

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$1,000.00

62. Total personal property. Add lines 56 through 61. \$11,369.00 Copy personal property total → + \$11,369.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$11,369.00

Attachment
Debtor: Deborah Lynn Bass Case No:

Attachment 1: Real Property

Debtors live on land owned by parents; debtors neither assisted with purchase nor have they ever owned this property.

Attachment 2

listed. NADA value is \$7150. VIN # WMWRE33424TD84649

Attachment 3

Dodge Ram 1500

RAM 1500 Reg Cab

NADA value is \$8650. VIN # is 1D7HA16D24J107346

Attachment 4

dining room furn (25)

living room furn (25)

bedroom furn (25)

stove (25)

refrigerator (50)

washer (15)

dryer (15)

freezer (50)

microwave (10)

riding mower (75)

dishes/pots/pans/kitchen items (25)

Attachment 5

Residence: 1985 Conner Mobile home located at 135 Kendall Road, Troutman, NC;
784 sq ft; \$4,500 tax value; value listed is debtor estimate

Fill in this information to identify your case:

Debtor 1	Deborah	Lynn	Bass
	First Name	Middle Name	Last Name
Debtor 2	Kenny	Ray	Bass
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western District of North Carolina</u>			
Case number (If known) _____			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: <u>See Attachment 1</u>	\$ <u>1,000.00</u>	<input checked="" type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(1); Art. X, § 2 of Const. <hr/> <hr/>
Line from <i>Schedule A/B</i> : <u>53</u>			
Brief description: <u>Cash</u>	\$ <u>60.00</u>	<input checked="" type="checkbox"/> \$ <u>60.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(2) <hr/> <hr/>
Line from <i>Schedule A/B</i> : <u>16</u>			
Brief description: <u>See Attachment 2</u>	\$ <u>365.00</u>	<input checked="" type="checkbox"/> \$ <u>365.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(4) <hr/> <hr/>
Line from <i>Schedule A/B</i> : <u>6</u>			

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	See Attachment 3	\$ 25.00	<input checked="" type="checkbox"/> \$ 25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(4)
Line from Schedule A/B:	8			
Brief description:	Clothing	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(4)
Line from Schedule A/B:	11			
Brief description:	Wedding set (200)	\$ 200.00	<input checked="" type="checkbox"/> \$ 200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(4)
Line from Schedule A/B:	12			
Brief description:	Shotgun	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(4)
Line from Schedule A/B:	10			
Brief description:	2 Handguns	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(2)
Line from Schedule A/B:	9			
Brief description:	See Attachment 4	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(3)
Line from Schedule A/B:	3.1			
Brief description:	See Attachment 5	\$ 175.00	<input checked="" type="checkbox"/> \$ 175.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(4)
Line from Schedule A/B:	7			
Brief description:	See Attachment 6	\$ 125.00	<input checked="" type="checkbox"/> \$ 125.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	G.S. § 1C-1601(a)(2)
Line from Schedule A/B:	17.1			
Brief description:	See Attachment 7	\$ 1.00	<input checked="" type="checkbox"/> \$ 1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	U.S.C. 42 § 407
Line from Schedule A/B:	30			
Brief description:	_____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B:	_____			
Brief description:	_____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B:	_____			
Brief description:	_____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B:	_____			

Attachment
Debtor: Deborah Lynn Bass Case No:

Attachment 1

Residence: 1985 Conner Mobile home located at 135 Kendall Road, Troutman, NC;
784 sq ft; \$4,500 tax value; value listed is debtor estimate

Attachment 2

Kitchen furn (25)
dining room furn (25)
living room furn (25)
bedroom furn (25)
stove (25)
refrigerator (50)
washer (15)
dryer (15)
freezer (50)
microwave (10)

riding mower (75)
dishes/pots/pans/kitchen items (25)

Attachment 3

CDs (5)
DVDs (20)

Attachment 4

1978 Dodge pickup with 300,000+ miles.

Attachment 5

TV (25) VCR (25) DVD Player (25) Stereo (25) Computer (50) Printer (25)

Attachment 6

Checking Account with Woodforest National Bank ending -7502. Joint

Attachment 7

Social Security Disability payments expected by Female Debtor as of 3/23/2016

Fill in this information to identify your case:

Debtor 1	Deborah Lynn Bass	
	First Name	Middle Name
Debtor 2	Kenny Ray Bass	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: <u>Western District of North Carolina</u>		
Case number (If known)		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	\$ 7,401.23	\$ 4,044.00	\$ 3,357.23
BB&T-BR Dept.	Describe the property that secures the claim:		
Creditor's Name P.O. Box 1847	2004 Mini Cooper S with 70500+ miles.		
Number Street			
Wilson NC 27894			
City State ZIP Code			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Nature of lien. Check all that apply.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>05/01/2006</u>	Last 4 digits of account number <u>1 0 0 1</u>		
2.2	Describe the property that secures the claim:		
Citifinancial	\$ 4,764.67 \$ 1,000.00 \$ 3,764.67		
Attn: Bankruptcy, 1111 Northpoint Drive	Residence: 1985 Conner Mobile home located at 135 See Attachment 1		
Number Street			
Coppell TX 75019			
City State ZIP Code			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Nature of lien. Check all that apply.			
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Arrears.</u>			
Date debt was incurred <u>01/01/2003</u>	Last 4 digits of account number <u>8 8 2 7</u>		
Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$ 12,165.90</u>			

Debtor 1

Deborah Lynn Bass

First Name

Middle Name

Last Name

Case number (if known)

Additional Page**Part 1:**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.3 Citifinancial	Describe the property that secures the claim:	\$51,038.81	\$1,000.00	\$50,038.81
-------------------	---	-------------	------------	-------------

Creditor's Name

Attn: Bankruptcy, 1111 Northpoint Drive

Number Street

Residence: 1985 Conner Mobile home located at 135
Kendall Road, Troutman, NC; 784 sq ft; \$4,500 tax
See Attachment 2**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 **Check if this claim relates to a
community debt**

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured
car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 01/01/2003Last 4 digits of account number 8 8 2 7

2.4 Santander Consumer	Describe the property that secures the claim:	\$4,330.13	\$4,659.00	\$
------------------------	---	------------	------------	----

Creditor's Name

P.O. Box 660366

Number Street

2004 Dodge Ram 1500 RAM 1500 Reg Cab
with 84500 miles.**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 **Check if this claim relates to a
community debt**

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured
car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 03/01/2007Last 4 digits of account number 3 6 6 3

2.5	Describe the property that secures the claim:	\$	\$	\$
-----	---	----	----	----

Creditor's Name

Number Street

City	State	ZIP Code
------	-------	----------

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 **Check if this claim relates to a
community debt**

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured
car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$55,368.94If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: \$67,534.84

Debtor 1 Deborah Lynn Bass

First Name Middle Name

Last Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

One Main Financial

Name _____

300 Saint Paul Place

Number _____ Street _____

On which line in Part 1 did you enter the creditor? 2.2Last 4 digits of account number 1 0 0 1

Baltimore MD 21202

City State ZIP Code

One Main Financial

Name _____

300 Saint Paul Place

Number _____ Street _____

On which line in Part 1 did you enter the creditor? 2.3Last 4 digits of account number 3 6 6 3

Baltimore MD 21202

City State ZIP Code

Sovereign Bank

Name _____

525 Lancaster Avenue

Number _____ Street _____

On which line in Part 1 did you enter the creditor? 2.4Last 4 digits of account number 8 8 2 7

Reading PA 19611

City State ZIP Code

Name _____

Number _____ Street _____

City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Name _____

Number _____ Street _____

City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Name _____

Number _____ Street _____

City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Attachment
Debtor: Deborah Lynn Bass Case No:

Attachment 1

Kendall Road, Troutman, NC; 784 sq ft; \$4,500 tax value; value listed is debtor estimate. Note: secured by mobile home; loan is also secured by parent's land.

Attachment 2

value; value listed is debtor estimate
Note: secured by mobile home; loan is also secured by parent's land.

Fill in this information to identify your case:

Debtor 1	Deborah Lynn Bass	
	First Name	Middle Name
Debtor 2	Kenny Ray Bass	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Western District of North Carolina		
Case number (If known) _____		

Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service Priority Creditor's Name PO Box 7346 Number Street Philadelphia PA 19101 City State ZIP Code	Last 4 digits of account number	\$ 7,041.19	\$ 7,041.19 \$ 0.00
	When was the debt incurred?	2010-2013	
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2 Iredell County Tax Colle Priority Creditor's Name PO Box 1027 Number Street Statesville NC 28687 City State ZIP Code	Last 4 digits of account number	\$ 698.37	\$ 698.37 \$ 0.00
	When was the debt incurred?	2014	
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: Your PRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.3

NC Dept. of Revenue

Priority Creditor's Name

Bankruptcy Unit, PO Box 1168

Number Street

Raleigh NC 27602

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 934.90 \$ 934.90 \$ 0.00

When was the debt incurred? 2011

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

2.4

Priority Creditor's Name

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street

When was the debt incurred? _____

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

2.5

Priority Creditor's Name

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street

When was the debt incurred? _____

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Absolute Coll Services Nonpriority Creditor's Name 421 Fayetteville St. Mal Number Street Raleigh NC 27601 City State ZIP Code		
	Last 4 digits of account number <u>6 4 6 5</u> \$ <u>1.00</u> When was the debt incurred? <u>8/2011 (est)</u>		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>		
4.2	Alliance One Nonpriority Creditor's Name PO Box 3102 Number Street Southeastern PA 19398 City State ZIP Code		
	Last 4 digits of account number <u>7 7 5 5</u> \$ <u>280.90</u> When was the debt incurred? <u>8/2011 (est)</u>		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>		
4.3	Am Cred & Col Nonpriority Creditor's Name 921 Oak Street Number Street Scranton PA 18508 City State ZIP Code		
	Last 4 digits of account number <u>9 7 N 1</u> \$ <u>1.00</u> When was the debt incurred? <u>7/2012 (est)</u>		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>		

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.4	<p>Bank of America Nonpriority Creditor's Name</p> <p>P.O. Box 26012 Number Street</p> <p>Greensboro NC 27420 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>1 2 1 2</u></p> <p>When was the debt incurred? <u>5/2012 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p>	\$9,738.80
4.5	<p>Bill Me Later Nonpriority Creditor's Name</p> <p>PO Box 105658 Number Street</p> <p>Atlanta GA 30348 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>6 4 0 5</u></p> <p>When was the debt incurred? <u>5/2012 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p>	\$2,317.14
4.6	<p>Carolina Endoscopy Nonpriority Creditor's Name</p> <p>PO Box 602011 Number Street</p> <p>Charlotte NC 28260 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>1 0 8 5</u></p> <p>When was the debt incurred? <u>5/2010</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u></p>	\$441.84

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim4.7 **Cash Call** **Last 4 digits of account number** 9 0 7 6 **\$5,000.00**

Nonpriority Creditor's Name

1600 South Douglass Road

Number Street

Anaheim CA 92802

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

When was the debt incurred? 5/2012 (est)**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Personal Loan

4.8 **Credit Fin. Services** **Last 4 digits of account number** 4 0 2 0 **\$378.00**

Nonpriority Creditor's Name

100 W. Morgan St.

Number Street

Durham NC 27701

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

When was the debt incurred? 7/2013 (est)**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

4.9 **Credit Fin. Services** **Last 4 digits of account number** 4 0 2 0 **\$204.00**

Nonpriority Creditor's Name

100 W. Morgan St.

Number Street

Durham NC 27701

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

When was the debt incurred? 7/2012 (est)**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10

Creditcon

Nonpriority Creditor's Name

11635 N. Main St. Ste B

Number Street

Archdale NC 27263

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 0 7 4\$1.00**When was the debt incurred?** 7/2013 (est)**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Accounting Services

4.11

Fifth Third Bank

Nonpriority Creditor's Name

1850 East Paris, MDROPSO5, c/o Bankruptcy Dept.

Number Street
Grand Rapids MI 49546

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number X X X X\$1,595.18**When was the debt incurred?** 5/2012 (est)**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges

4.12

GEMB/Walmart

Nonpriority Creditor's Name

PO Box 103106

Number Street
Roswell GA 30076

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 9 6 4 6\$511.55**When was the debt incurred?** 5/2012 (est)**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.13	Home Depot/Citibank USA Nonpriority Creditor's Name Attn: Centralized Bankru, PO Box 20507 Number Street Kansas City MO 64195 City State ZIP Code			Last 4 digits of account number 9 5 6 5	\$2,739.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>					When was the debt incurred? 5/2012 (est)
					As of the date you file, the claim is: Check all that apply.
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
					Type of NONPRIORITY unsecured claim:
					<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Charges
4.14	Interstate Credit Collec Nonpriority Creditor's Name PO Box 31316 Number Street Winston Salem NC 27102 City State ZIP Code			Last 4 digits of account number 6 1 5 1	\$980.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>					When was the debt incurred? 7/2013 (est)
					As of the date you file, the claim is: Check all that apply.
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
					Type of NONPRIORITY unsecured claim:
					<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services
4.15	Iredell County EMS Nonpriority Creditor's Name PO Box 863 Number Street Lewisville NC 27023 City State ZIP Code			Last 4 digits of account number 8 6 1 0	\$522.26
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>					When was the debt incurred? 7/2013 (est)
					As of the date you file, the claim is: Check all that apply.
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
					Type of NONPRIORITY unsecured claim:
					<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16

Jon Barry & Associates

Nonpriority Creditor's Name

PO Box 126

Number Street

Concord

NC

28026

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 8 7 0

\$325.00

When was the debt incurred? 7/2013 (est)

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

4.17

Lake Norman In-Patient Specialists

Nonpriority Creditor's Name

P.O. Box 6245449

Number Street

Cincinnati

OH

45264-5449

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 2 4 0 9

\$334.00

When was the debt incurred? 7/2013 (est)

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

4.18

Lake Norman In-Patient Specialists

Nonpriority Creditor's Name

P.O. Box 6245449

Number Street

Cincinnati

OH

45264-5449

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 2 4 0 9

\$188.00

When was the debt incurred? 7/2013 (est)

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19	<p>Lake Norman Regional Nonpriority Creditor's Name</p> <p>P.O. Box 3250 Number Street</p> <p>Mooresville NC 28117 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2 4 6 1</u> Total claim <u>\$7,702.86</u></p> <p>When was the debt incurred? <u>7/2013 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u></p>
4.20	<p>Lake Norman Regional Nonpriority Creditor's Name</p> <p>P.O. Box 3250 Number Street</p> <p>Mooresville NC 28117 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4 7 7 8</u> Total claim <u>\$828.18</u></p> <p>When was the debt incurred? <u>7/2013 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u></p>
4.21	<p>Lake Norman Regional Nonpriority Creditor's Name</p> <p>P.O. Box 3250 Number Street</p> <p>Mooresville NC 28117 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7 4 0 2</u> Total claim <u>\$780.00</u></p> <p>When was the debt incurred? <u>7/2013 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u></p>

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.22	<p>Lake Norman Regional Nonpriority Creditor's Name</p> <p>P.O. Box 3250 Number Street</p> <p>Mooresville NC 28117 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>8 4 5 6</u></p> <p>When was the debt incurred? <u>7/2013 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u></p>	\$1,860.79
4.23	<p>LCA Collections Nonpriority Creditor's Name</p> <p>PO Box 2240 Number Street</p> <p>Burlington NC 27216 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>7 5 6 9</u></p> <p>When was the debt incurred? <u>7/2013 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u></p>	\$433.00
4.24	<p>Mecklenburg Rad. Assoc Nonpriority Creditor's Name</p> <p>P.O. Box 221249 Number Street</p> <p>Charlotte NC 28222 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number <u>8 5 4 3</u></p> <p>When was the debt incurred? <u>7/2013 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u></p>	\$190.83

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.25

Mecklenburg Rad. Assoc

Nonpriority Creditor's Name

P.O. Box 221249

Number Street

Charlotte

NC

28222

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number X X X X

\$ 749.00

When was the debt incurred? 7/2013 (est)

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services- various accounts

4.26

Medical Data

Nonpriority Creditor's Name

128 W. Center Avenue, Fl 2

Number Street

Sebring

FL

33870

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 0 4 0

\$ 2,784.00

When was the debt incurred? 7/2013 (est)

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

4.27

Medical Data

Nonpriority Creditor's Name

128 W. Center Avenue, Fl 2

Number Street

Sebring

FL

33870

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 2 5 0 9

\$ 3,857.00

When was the debt incurred? 7/2013 (est)

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.28	Mid-Carolina Cardiology Nonpriority Creditor's Name PO Box 31277 Number Street Charlotte NC 28231 City State ZIP Code			Last 4 digits of account number <u>6 1 1 1</u>	\$100.00
				When was the debt incurred? <u>7/2013 (est)</u>	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	
4.29	Mooresville Ppm Nonpriority Creditor's Name P.O. Box 68 Number Street Brentwood TN 37024-0068 City State ZIP Code			Last 4 digits of account number <u>4 6 9 3</u>	\$239.00
				When was the debt incurred? <u>7/2013 (est)</u>	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CONFIRM</u>	
4.30	Novant Health Nonpriority Creditor's Name PO Box 602584 Number Street Charlotte NC 28260-2584 City State ZIP Code			Last 4 digits of account number <u>3 7 9 X</u>	\$585.28
				When was the debt incurred? <u>7/2013 (est)</u>	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.31	Novant Health Nonpriority Creditor's Name PO Box 11549 Number Street Winston Salem NC 27116 City State ZIP Code			Last 4 digits of account number <u> X X X X </u> \$ 44,968.29 When was the debt incurred? <u>7/2013 (est)</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services- various accounts</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.32	One Click Cash Nonpriority Creditor's Name 52946 Hwy 12 Ste 3 Number Street Niobrara NE 68760 City State ZIP Code			Last 4 digits of account number <u> 6 2 4 9 </u> \$ 455.00 When was the debt incurred? <u>5/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>
4.33	One Main Financial Nonpriority Creditor's Name 300 Saint Paul Place Number Street Baltimore MD 21202 City State ZIP Code			Last 4 digits of account number <u> 0 7 6 6 </u> \$ 12,662.47 When was the debt incurred? <u>3/2013 (est)</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.34	Presbyterian Anesthesia Nonpriority Creditor's Name PO Box 848308 Number Street Boston MA 02284			Last 4 digits of account number <u>1 4 8 5</u>	\$5,040.00
				When was the debt incurred? <u>7/2013 (est)</u>	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	
4.35	Presbyterian Huntersville Nonpriority Creditor's Name 10030 Gilead Road Number Street Huntersville NC 28078			Last 4 digits of account number <u>0 6 9 7</u>	\$1,532.84
				When was the debt incurred? <u>7/2013 (est)</u>	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	
4.36	Presbyterian Imaging Nonpriority Creditor's Name 118 Gateway Blvd., Building 6, Suite E Number Street Mooresville NC 28117			Last 4 digits of account number <u>7 6 4 3</u>	\$635.24
				When was the debt incurred? <u>7/2013 (est)</u>	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.37	<p>Presbyterian Pathology Nonpriority Creditor's Name PO Box 220883 Number Street Charlotte NC 28222 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> X X X X </u> \$363.61</p> <p>When was the debt incurred? <u>7/2013 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services- various accounts</u></p>
4.38	<p>Prince Park Nonpriority Creditor's Name 8625 Crown Crescent, Suite 200 Number Street Charlotte NC 28227 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> X X X X </u> \$488.00</p> <p>When was the debt incurred? <u>7/2013 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services--various accounts</u></p>
4.39	<p>SCA Collections Nonpriority Creditor's Name PO Box 876 Number Street Greenville NC 27835 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> 5 1 4 4 </u> \$225.00</p> <p>When was the debt incurred? <u>7/2013 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u></p>

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.40	<p>Seventh Avenue Nonpriority Creditor's Name</p> <p>1112 7th Avenue Number Street</p> <p>Monroe WI 53566 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4 5 7 0</u> \$128.00</p> <p>When was the debt incurred? <u>3/2014 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p>
4.41	<p>Solstas Lab Partners Nonpriority Creditor's Name</p> <p>PO Box 71085 Number Street</p> <p>Charlotte NC 28272 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>X X X X</u> \$267.50</p> <p>When was the debt incurred? <u>7/2013 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services- various accounts</u></p>
4.42	<p>Southern Credit Adjusters Nonpriority Creditor's Name</p> <p>PO Box 2764 Number Street</p> <p>Rocky Mount NC 27802 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3 2 1 1</u> \$192.21</p> <p>When was the debt incurred? <u>7/2013 (est)</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u></p>

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.43

Speedy Payday

Nonpriority Creditor's Name

1041 4th Ave, Suite 302

Number Street

Oakland

CA

94606

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 2 9 7 3

\$520.00

When was the debt incurred? 5/2012 (est)

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Personal Loan

4.44

Surgical SpecialistS

Nonpriority Creditor's Name

PO Box 33369

Number Street

Charlotte

NC

28233

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$5,747.67

When was the debt incurred? 7/2013 (est)

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services- various accounts

4.45

Wfnnb/Catherines

Nonpriority Creditor's Name

4590 E. Broad Street

Number Street

Columbus

OH

43213

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 7 7 5 5

\$280.00

When was the debt incurred? 5/2012 (est)

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Iredell Memorial Hospital

Name

P.O. Box 1828

Number Street

Statesville, North Carolina 28687

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 0 2 0

Davis Medical Center

Name

P.O. Box 1823

Number Street

Statesville, North Carolina 28687

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 8 7 0

Nco Fin/51

Name

PO Box 7216

Number Street

Philadelphia, Pennsylvania 19101

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 7 7 8

Carolinas Med. Center

Name

P.O. Box 36939

Number Street

Charlotte, North Carolina 28236

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 0 4 0

Forsyth Medical Center

Name

PO Box 71049

Number Street

Charlotte, North Carolina 28272

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 5 0 9

Rmb, Inc.

Name

409 Bearden Park Cir.

Number Street

Knoxville, Tennessee 37919

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 5 0 9

Piedmont Health Care

Name

P.O. Box 1845

Number Street

Statesville, North Carolina 28687

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.38 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number X X X X

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>8,674.46</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. \$ <u>8,674.46</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>119,174.44</u>
	6j. Total. Add lines 6f through 6i.	6j. \$ <u>119,174.44</u>

Fill in this information to identify your case:

Debtor Deborah Lynn Bass
First Name Middle Name Last Name
Debtor 2 Kenny Ray Bass
(Spouse If filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: Western District of North Carolina
Case number (If known)

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for
--	---

2.1	Name Number Street City State ZIP Code
2.2	Name Number Street City State ZIP Code
2.3	Name Number Street City State ZIP Code
2.4	Name Number Street City State ZIP Code
2.5	Name Number Street City State ZIP Code

Fill in this information to identify your case:

Debtor 1	Deborah Lynn Bass		
	First Name	Middle Name	Last Name
Debtor 2	Kenny Ray Bass		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western District of North Carolina</u>			
Case number (If known) _____			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number Street _____

City _____ State _____ ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.3

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Deborah Lynn Bass		
	First Name	Middle Name	Last Name
Debtor 2	Kenny Ray Bass		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of North Carolina			
Case number (If known) _____			

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	_____	_____
Employer's name	_____	_____
Employer's address	Number Street _____ _____ _____	Number Street _____ _____ _____
	City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ _____	\$ _____
3. Estimate and list monthly overtime pay.	3. + \$ _____	+ \$ _____
4. Calculate gross income. Add line 2 + line 3.	4. \$ 0.00	\$ 0.00

Debtor 1 Deborah Lynn Bass
First Name Middle Name Last Name

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ _____	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____
5e. Insurance	5e. \$ _____	\$ _____
5f. Domestic support obligations	5f. \$ _____	\$ _____
5g. Union dues	5g. \$ _____	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 1,598.00	\$ 1,208.00
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	\$ 0.00	\$ 0.00
Specify: _____	8f.	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 1,598.00	\$ 1,208.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,598.00	+ \$ 1,208.00
	=	\$ 2,806.00
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		
	12. \$ 2,806.00	
	Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Deborah Lynn Bass		
	First Name	Middle Name	Last Name
Debtor 2	Kenny Ray Bass		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of North Carolina			
Case number (If known) _____			

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No
 Yes

No
 Yes

No
 Yes

No
 Yes

No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 50.00

4d. \$ 0.00

Debtor 1 Deborah Lynn Bass
 First Name Middle Name Last Name

Case number (if known) _____

Your expenses	
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ <u>0.00</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>250.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>330.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>500.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>50.00</u>
10. Personal care products and services	10. \$ <u>25.00</u>
11. Medical and dental expenses	11. \$ <u>137.00</u>
12. Transportation . Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>200.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>25.00</u>
14. Charitable contributions and religious donations	14. \$ <u>100.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>50.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes . Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ _____
17d. Other. Specify: _____	17d. \$ _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 Deborah Lynn Bass
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: Cigarettes

21. +\$ 200.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ 1,917.00
\$
\$ 1,917.00

22.

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,806.00

23b. Copy your monthly expenses from line 22 above.

23b. -\$ 1,917.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ 889.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1	Deborah	Lynn	Bass
	First Name	Middle Name	Last Name
Debtor 2	Kenny	Ray	Bass
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Western District of North Carolina

Case number (If known)

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets	
Value of what you own	
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ <u>11,369.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ <u>11,369.00</u>

Part 2: Summarize Your Liabilities

Your liabilities	
Amount you owe	
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$ <u>67,534.84</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ <u>8,674.46</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ <u>119,174.44</u>
Your total liabilities	
	\$ <u>195,383.74</u>

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ <u>2,806.00</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	\$ <u>1,917.00</u>

Debtor 1 Deborah Lynn Bass

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,661.29

9. Copy the following special categories of claims from Part 4, line 6 of **Schedule E/F**.

Total claim

From Part 4 on **Schedule E/F**, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 8,674.46
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 8,674.46

Fill in this information to identify your case:

Debtor 1	<u>Deborah Lynn Bass</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Kenny Ray Bass</u>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		<u>Western District Of North Carolina</u>	
Case number (If known) _____			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **X**

Signature of Debtor 1

Signature of Debtor 2

Date _____

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Deborah	Lynn	Bass
	First Name	Middle Name	Last Name
Debtor 2	Kenny	Ray	Bass
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western District of North Carolina</u>			
Case number (If known) _____			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
_____		_____	
City	State ZIP Code	City	State ZIP Code
		<input type="checkbox"/> Same as Debtor 1	
Number Street	From _____ To _____	Number Street	From _____ To _____
_____		_____	
City	State ZIP Code	City	State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Deborah Lynn Bass
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>0.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For last calendar year: (January 1 to December 31, <u>2015</u> <u>YYYY</u>)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>5,153.56</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For the calendar year before that: (January 1 to December 31, <u>2014</u> <u>YYYY</u>)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>41,807.04</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Unemployment _____	\$ <u>1,750.00</u>	Social Security _____	\$ <u>2,416.00</u>
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
For last calendar year: (January 1 to December 31, <u>2015</u> <u>YYYY</u>)	Unemployment _____	\$ <u>700.00</u>	Social Security _____	\$ <u>15,754.80</u>
	Short Term Disability _____	\$ <u>5,660.99</u>	_____	\$ _____
	_____	\$ _____	_____	\$ _____
For the calendar year before that: (January 1 to December 31, <u>2014</u> <u>YYYY</u>)	_____	\$ <u>0.00</u>	Social Security _____	\$ <u>14,496.00</u>
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____

Debtor 1

Deborah Lynn Bass
First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	

Debtor 1 **Deborah Lynn Bass**
 First Name Middle Name Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$ _____	\$ _____	
Number Street				
City	State	ZIP Code		
Insider's Name		\$ _____	\$ _____	
Number Street				
City	State	ZIP Code		

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$ _____	\$ _____	
Number Street				
City	State	ZIP Code		
Insider's Name		\$ _____	\$ _____	
Number Street				
City	State	ZIP Code		

Debtor 1

Deborah Lynn Bass
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____ _____ _____		Court Name _____ _____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____ _____		Number Street _____ _____ _____	City State ZIP Code _____ _____ _____
Case title _____ _____ _____		Court Name _____ _____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____ _____		Number Street _____ _____ _____	City State ZIP Code _____ _____ _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name _____ _____ _____			\$ _____
Number Street _____ _____ _____	Explain what happened	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
City State ZIP Code _____ _____ _____			
Creditor's Name _____ _____ _____	Describe the property	Date	Value of the property
Number Street _____ _____ _____			\$ _____
City State ZIP Code _____ _____ _____	Explain what happened	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	

Debtor 1 **Deborah Lynn Bass**
 First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			
Number Street			\$ _____
City	State ZIP Code	Last 4 digits of account number: XXXX-_____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City	State ZIP Code		
Person's relationship to you			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City	State ZIP Code		
Person's relationship to you			

Debtor 1 Deborah Lynn Bass
 First Name Deborah Middle Name Lynn Last Name Bass

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name <u> </u> <u> </u> <u> </u>			\$ _____
Number Street <u> </u> <u> </u>			\$ _____
City State ZIP Code <u> </u> <u> </u> <u> </u>			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small>	Date of your loss	Value of property lost
			\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

See Attachment 1 Person Who Was Paid <u> </u> <u> </u> <u> </u>	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
See Attachment 1 Person Who Was Paid <u> </u> <u> </u> <u> </u>		01/28/16	\$ 300.00
Statesville NC 28677 City State ZIP Code <u> </u> <u> </u> <u> </u>		02/03/16	\$ 700.00
Email or website address <u> </u>		See Attachment 1	
Person Who Made the Payment, if Not You <u> </u>			

Debtor 1

Deborah Lynn Bass
First Name Middle Name Last Name

Case number (if known) _____

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			\$ _____
Number Street			\$ _____
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			\$ _____
Number Street			\$ _____
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			_____
Number Street			
City State ZIP Code			
Person's relationship to you			
Person Who Received Transfer			_____
Number Street			
City State ZIP Code			
Person's relationship to you			

Debtor 1 Deborah Lynn Bass
 First Name Deborah Middle Name Lynn Last Name Bass

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Description and value of the property transferred		Date transfer was made
Name of trust _____		_____
_____		_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<u>Suntrust Bank</u> <u>Name of Financial Institution</u> <u>P.O. Box 305183</u> <u>Number Street</u> <u>Nashville</u> <u>TN</u> <u>37230</u> <u>City</u> <u>State</u> <u>ZIP Code</u>	<u>XXXX- 3 2 4 7</u> <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>5/29/2015</u>	<u>\$ 0.00</u>
<u>Name of Financial Institution</u> <u>Number Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>	<u>XXXX- _____</u> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	<u>\$ _____</u>

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
<u>Name of Financial Institution</u> <u>Number Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>	<u>Name</u> <u>Number Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor 1 **Deborah Lynn Bass**
 First Name Middle Name Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code		
City	State	ZIP Code

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street	Number Street	
City	State	ZIP Code

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	
City	State	ZIP Code
City	State	ZIP Code

Debtor 1 Deborah Lynn Bass
 First Name Middle Name Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	
City	State ZIP Code	
City	State ZIP Code	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____	Court Name _____	<input type="checkbox"/> Pending
Number Street	City State ZIP Code	<input type="checkbox"/> On appeal
Case number _____	City State ZIP Code	<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Independent Contractor Business Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street _____	Accountant	EIN: _____
City State ZIP Code _____	Name of accountant or bookkeeper	Dates business existed
From <u>4/4/2013</u> To <u>12/9/2013</u>		
Business Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street _____	Name of accountant or bookkeeper	Dates business existed
City State ZIP Code _____	From _____ To _____	

Debtor 1 First Name Middle Name Last Name	Case number (if known)
Business Name	Describe the nature of the business Employer Identification number Do not include Social Security number or ITIN.
Number Street	Name of accountant or bookkeeper EIN: _____ - _____
City State ZIP Code	Dates business existed From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Date issued

Name _____
MM / DD / YYYY
Number Street
City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

 _____

Signature of Debtor 1

Date _____

 _____

Signature of Debtor 2

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Attachment
Debtor: Deborah Lynn Bass Case No:

Attachment 1

Law Offices of Robert H Gourley Jr. PA

Attachment 1

Additional Transfers to Law Offices of Robert H Gourley Jr. PA

Date of Transfer: February 3, 2016

Value of Transfer: \$310.00

Fill in this information to identify your case:

Debtor 1 Deborah Lynn Bass
First Name Middle Name Last Name

Debtor 2 Kenny Ray Bass
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District Of North Carolina

Case number (If known) _____

Official Form 101A

Initial Statement About an Eviction Judgment Against You

12/15

File this form with the court and serve a copy on your landlord when you first file bankruptcy only if:

- you rent your residence; and
- your landlord has obtained a judgment for possession in an eviction, unlawful detainer action, or similar proceeding (called *eviction judgment*) against you to possess your residence.

Landlord's name _____

Landlord's address _____

Number Street

City _____

State _____

ZIP Code _____

If you want to stay in your rented residence after you file your case for bankruptcy, also complete the certification below.

Certification About Applicable Law and Deposit of Rent

I certify under penalty of perjury that:

- Under the state or other nonbankruptcy law that applies to the judgment for possession (*eviction judgment*), I have the right to stay in my residence by paying my landlord the entire delinquent amount.
- I have given the bankruptcy court clerk a deposit for the rent that would be due during the 30 days after I file the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

X

Signature of Debtor 1

X

Signature of Debtor 2

Date _____

MM / DD / YYYY

Date _____

MM / DD / YYYY

Stay of Eviction: (a) **First 30 days after bankruptcy.** If you checked both boxes above, signed the form to certify that both apply, and served your landlord with a copy of this statement, the automatic stay under 11 U.S.C. § 362(a)(3) will apply to the continuation of the eviction against you for 30 days after you file your *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

(b) **Stay after the initial 30 days.** If you wish to stay in your residence after that 30-day period and continue to receive the protection of the automatic stay under 11 U.S.C. § 362(a)(3), you must pay the entire delinquent amount to your landlord as stated in the eviction judgment before the 30-day period ends. You must also fill out *Statement About Payment of an Eviction Judgment Against You* (Official Form 101B), file it with the bankruptcy court, and serve your landlord a copy of it before the 30-day period ends.

Check the Bankruptcy Rules (www.uscourts.gov/rulesandpolicies/rules.aspx) and the local court's website (to find your court's website, go to www.uscourts.gov/Court_Locator.aspx) for any specific requirements that you might have to meet to serve this statement.

11 U.S.C. §§ 362(b)(22) and 362(l)

UNITED STATES BANKRUPTCY COURT
Western District of North Carolina

In re: **Deborah Lynn Bass and Kenny Ray Bass**

Case No. _____

Debtors

Chapter **13**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: _____

Signed: _____

Dated: _____

Signed: _____

Fill in this information to identify your case:

Debtor 1	Deborah Lynn Bass	First Name	Middle Name	Last Name	
Debtor 2	Kenny Ray Bass	(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: See 1 in Addendum					
Case number (if known)					

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).

2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

3. The commitment period is 3 years.

4. The commitment period is 5 years.

 Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>367.79</u>	\$ <u>0.00</u>
3. Alimony and maintenance payments. Do not include payments from a spouse.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ <u>0.00</u>	\$ <u>0.00</u>
Ordinary and necessary operating expenses	- \$ <u>0.00</u>	- \$ <u>0.00</u>
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	\$ <u>0.00</u>
	\$ <u>0.00</u>	\$ <u>0.00</u>
6. Net income from rental and other real property	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ <u>0.00</u>	\$ <u>0.00</u>
Ordinary and necessary operating expenses	- \$ <u>0.00</u>	- \$ <u>0.00</u>
Net monthly income from rental or other real property	\$ <u>0.00</u>	\$ <u>0.00</u>
	\$ <u>0.00</u>	\$ <u>0.00</u>

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ <u>0.00</u>	\$ <u>0.00</u>
8. Unemployment compensation	\$ <u>350.00</u>	\$ <u>0.00</u>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓		
For you.....	\$ <u>0.00</u>	
For your spouse.....	\$ <u>0.00</u>	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	\$ <u>943.50</u> \$ <u>0.00</u> \$ _____ \$ _____ + \$ <u>0.00</u> + \$ <u>0.00</u>	
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <u>1,661.29</u>	+ \$ <u>0.00</u> = \$ <u>1,661.29</u>
	Total average monthly income	
Part 2: Determine How to Measure Your Deductions from Income		
12. Copy your total average monthly income from line 11.	\$ <u>1,661.29</u>	
13. Calculate the marital adjustment. Check one:		
<input type="checkbox"/> You are not married. Fill in 0 below.		
<input checked="" type="checkbox"/> You are married and your spouse is filing with you. Fill in 0 below.		
<input type="checkbox"/> You are married and your spouse is not filing with you.		
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.		
Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.		
If this adjustment does not apply, enter 0 below.		
Total.....	\$ _____ \$ _____ + \$ _____	\$ <u>0.00</u> Copy here ➔ — <u>0.00</u>
14. Your current monthly income. Subtract the total in line 13 from line 12.	\$ <u>1,661.29</u>	
15. Calculate your current monthly income for the year. Follow these steps:		
15a. Copy line 14 here ➔	\$ <u>1,661.29</u>	
Multiply line 15a by 12 (the number of months in a year).		
15b. The result is your current monthly income for the year for this part of the form.	\$ <u>19,935.48</u>	

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. NC16b. Fill in the number of people in your household. 216c. Fill in the median family income for your state and size of household. \$ 51,662.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3.* Do NOT fill out *Calculation of Disposable Income* (Official Form 122C-2).17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2).* On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)**18. Copy your total average monthly income from line 11. \$ 1,661.29

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. — \$ 0.0019b. Subtract line 19a from line 18. \$ 1,661.29

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$ 1,661.29Multiply by 12 (the number of months in a year). x 1220b. The result is your current monthly income for the year for this part of the form. \$ 19,935.4820c. Copy the median family income for your state and size of household from line 16c. \$ 51,662.00

21. How do the lines compare?

21a. Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.21b. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X

Signature of Debtor 1

X

Signature of Debtor 2

Date _____

MM / DD / YYYY

Date _____

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Attachment
Debtor: Deborah Lynn Bass Case No:

1. WESTERN DISTRICT OF NORTH CAROLINA

Deborah Lynn Bass
135 Kendall Road
Troutman, NC 28166

Kenny Ray Bass
135 Kendall Road
Troutman, NC 28166

Robert H. Gourley Jr.
249 E. Broad St.
Statesville, NC 28677

Absolute Coll Services
421 Fayetteville St. Mal
Raleigh, NC 27601

Alliance One
PO Box 3102
Southeastern, PA 19398

Am Cred & Col
921 Oak Street
Scranton, PA 18508

Bank of America
P.O. Box 26012
Greensboro, NC 27420

Bankruptcy Adminstrator
PO Box 34189
Charlotte, NC 28234

BB&T-BR Dept.
P.O. Box 1847
Wilson, NC 27894

Bill Me Later
PO Box 105658
Atlanta, GA 30348

Carolina Endoscopy
PO Box 602011
Charlotte, NC 28260

Carolinas Med. Center
P.O. Box 36939
Charlotte, NC 28236

Cash Call
1600 South Douglass Road
Anaheim, CA 92802

Citifinancial
Attn: Bankruptcy, 1111
Northpoint D
Coppell, TX 75019

Credit Fin. Services
100 W. Morgan St.
Durham, NC 27701

Creditcon
11635 N. Main St. Ste B
Archdale, NC 27263

Davis Medical Center
P.O. Box 1823
Statesville, NC 28687

Fifth Third Bank
1850 East Paris, MDROPS05, c/o
Bank
Grand Rapids, MI 49546

Forsyth Medical Center
PO Box 71049
Charlotte, NC 28272

GEMB/Walmart
PO Box 103106
Roswell, GA 30076

Home Depot/Citibank USA
Attn: Centralized Bankru, PO
Box 20
Kansas City, MO 64195

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

Interstate Credit Collec
PO Box 31316
Winston Salem, NC 27102

Iredell County EMS
PO Box 863
Lewisville, NC 27023

Iredell County Tax Colle
PO Box 1027
Statesville, NC 28687

Iredell County Tax
Collector
P.O. Box 1027
Statesville, NC 28687

Iredell Memorial Hospita
P.O. Box 1828
Statesville, NC 28687

Jon Barry & Associates
PO Box 126
Concord, NC 28026

Lake Norman In-Patient
Specialists
P.O. Box 6245449
Cincinnati, OH 45264-5449

Lake Norman Regional
P.O. Box 3250
Mooresville, NC 28117

LCA Collections

PO Box 2240

Burlington, NC 27216

Mecklenburg Rad. Assoc

P.O. Box 221249

Charlotte, NC 28222

Medical Data

128 W. Center Avenue, Fl 2

Sebring, FL 33870

Mid-Carolina Cardiology

PO Box 31277

Charlotte, NC 28231

Mooresville Ppm

P.O. Box 68

Brentwood, TN 37024-0068

NC Department of Revenue

PO Box 1168

Raleigh, NC 27602

NC Dept. of Revenue

Bankruptcy Unit, PO Box 1168

Raleigh, NC 27602

Nco Fin/51

PO Box 7216

Philadelphia, PA 19101

Novant Health

PO Box 11549

Winston Salem, NC 27116

Novant Health

PO Box 602584

Charlotte, NC 28260-2584

One Click Cash

52946 Hwy 12 Ste 3

Niobrara, NE 68760

One Main Financial

300 Saint Paul Place

Baltimore, MD 21202

One Main Financial

300 Saint Paul Place

Baltimore, MD 21202

Piedmont Health Care

P.O. Box 1845

Statesville, NC 28687

Presbyterian Anesthesia

PO Box 848308

Boston, MA 02284

Presbyterian Huntersville

10030 Gilead Road

Huntersville, NC 28078

Presbyterian Imaging

118 Gateway Blvd.,

Building 6, Suit

Mooresville, NC 28117

Presbyterian Pathology

PO Box 220883

Charlotte, NC 28222

Prince Park

8625 Crown Crescent, Suite 200

Charlotte, NC 28227

Rmb, Inc.

409 Bearden Park Cir.

Knoxville, TN 37919

Santander Consumer

P.O. Box 660366

Dallas, TX 75266

SCA Collections

PO Box 876

Greenville, NC 27835

Seventh Avenue

1112 7th Avenue

Monroe, WI 53566

Solstas Lab Partners

PO Box 71085

Charlotte, NC 28272

Southern Credit Adjusters

PO Box 2764

Rocky Mount, NC 27802

Sovereign Bank

525 Lancaster Avenue

Reading, PA 19611

Speedy Payday

1041 4th Ave, Suite 302

Oakland, CA 94606

Surgical Specialists

PO Box 33369

Charlotte, NC 28233

US Attorneys Office

100 Otis Street, Room 207

US Courth

Asheville, NC 28801

Wfnnb/Catherines

4590 E. Broad Street

Columbus, OH 43213

United States Bankruptcy Court
WESTERN DISTRICT OF NORTH CAROLINA

In re **Deborah Lynn Bass and Kenny Ray Bass**

Case No. _____

Debtor

Chapter **13** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$3,900.00**

Prior to the filing of this statement I have received **\$1,000.00**

Balance Due **\$2,900.00**

2. The source of the compensation paid to me was:

Debtor

Other (specify)

3. The source of compensation to be paid to me is:

Debtor

Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
- e. [Other provisions as needed]

Exemption planning; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods - see fee contract.

- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceedings. Negotiations with secured creditors to reduce to market value; preparation and filing of reaffirmation agreements and applications as needed - see fee contract.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

Signature of Attorney

See Attachment 1

Name of law firm

Attachment
Debtor: Deborah Lynn Bass Case No:

Attachment 1

The Law Offices of Robert H Gourley Jr, P.A.